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| | |
|------------------------|--------------------------|
| Application Number | 09/348,618 |
| Filing Date | July 6, 1999 |
| First Named Inventor | Larson |
| Art Unit | 3636 |
| Examiner Name | Anthony Derrell Barfield |
| Attorney Docket Number | LSN-5 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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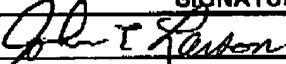
| | | | | | |
|--|---------------|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | John Larson | | | | |
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Signature |  | | |
| Name | John Larson | | |
| Date | 4-11-06 | Telephone | 406-363-3804 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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